

495 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 253

Reg. Dist.

1. PLACE OF DEATH:

COUNTY Queen Anne's MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

x TOWN StonemansvilleLENGTH OF STAY (In this place)
4 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne's

CITY (If outside corporate limits write RURAL and give nearest town)

OR TOWN Stonemansville xSTREET ADDRESS (If rural, give location)
Pine Point Road 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Richard Elden Baxter

4. DATE OF DEATH

(Month)

(Day)

(Year)

May 25 1951

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.maleWhiteSingleDecember 9, 19154 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

nonenonein Stonemansville MdUSA

13. FATHER'S NAME:

Richard B Baxter

14. MOTHER'S MAIDEN NAME:

Maria Elburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

4 mnononeRichard B Baxter Stonemansville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)

DUE TO

Antecedent cause(s)

(b)

DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(c)

Burned to death - House caught fire& he was trapped up stairs -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

W. Henry Foster

CHIEF MEDICAL EXAMINER

DATE SIGNED

DEPUTY MEDICAL EXAMINER

M. D. ASSISTANT MEDICAL EXAM.

5/25/55

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 26, 55Elizabeth FosterBaxter Bus Center Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 1 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04957

Reg. Dist.

No. 253

| | | | | | | | |
|--|-------------------|--|---------------------|--|-----------------|--|------------|
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | |
| COUNTY <u>Queen Anne's</u> | | MARYLAND | | STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u> | | | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (in this place) | | CITY (If outside corporate limits write RURAL and give nearest town) | | | |
| TOWN <u>Stromswell</u> | | <u>2 yrs</u> | | TOWN <u>Stromswell</u> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | | STREET ADDRESS (If rural, give location) | | | |
| | | | | <u>Lone Point Road</u> | | | |
| 3. NAME OF DECEASED: | | | | 4. DATE OF DEATH | | | |
| (First) <u>Rebecca</u> | | (Middle) <u>Ann</u> | | (Last) <u>Baxter</u> | | (Month) (Day) (Year) | |
| (Type or Print) | | | | | | <u>May 25 1955</u> | |
| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR | | |
| <u>Female</u> | <u>White</u> | <u>Single</u> | <u>Aug 1 - 1952</u> | <u>2</u> yrs. | Months | Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | | 10b. KIND OF BUSINESS OR INDUSTRY: | | 11. BIRTHPLACE (State or foreign country): | | 12. CITIZEN OF WHAT COUNTRY? | |
| <u>none</u> | | <u>none</u> | | <u>in Stromswell Md</u> | | <u>USA</u> | |
| 13. FATHER'S NAME: | | | | 14. MOTHER'S MAIDEN NAME: | | | |
| <u>Richard B Baxter</u> | | | | <u>Marie Elburn</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY No.: | | 17. INFORMANT & ADDRESS: | | | |
| <u>no</u> | | <u>none</u> | | <u>Richard B Baxter Stromswell Md</u> | | | |
| 18. MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>Immediate cause (a) <u>Burned to death - House Caught fire</u></p> <p>Antecedent cause(s) (b) <u>+ she was trapped up stairs</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)</p> | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 19a. DATE OF OPERATION: | | 19b. MAJOR FINDING OF OPERATION: | | | | | |
| <u>9/16/0</u> | | | | | | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | | 21c. (City or town) (County) | | 21d. (State) | |
| | | | | <u>17</u> | | | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| | | | | | | | |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| SIGNATURE | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED | | | | | |
| <u>W. Henry Fisher</u> | | <u>5/25-55</u> | | | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify): | | DATE THEREOF | | NAME OF CEMETERY OR CREMATORY | | LOCATION (City, town, or county) (State) | |
| <u>buried</u> | | <u>May 26 55</u> | | <u>Stromswell</u> | | <u>Stromswell Maryland</u> | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 24. FUNERAL DIRECTOR | | ADDRESS | |
| <u>May 26, 55</u> | | <u>Elizabeth Hooper</u> | | <u>Baxter Bros</u> | | <u>Centerville Maryland</u> | |

BUREAU V. S.

JUN 1 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 252

4956

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | |
| COUNTY <u>Queen Anne's</u> MARYLAND | | CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Centerville</u> | | STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Centerville</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | LENGTH OF STAY (in this place) <u>65 yrs</u> | | STREET ADDRESS (If rural, give location) <u>1</u> | | | |
| 3. NAME OF DECEASED: (First) (Middle) (Last) | | | | 4. DATE OF DEATH: (Month) (Day) (Year) | | | |
| <u>SARAH ELIZABETH DYOTT</u> | | | | <u>May 18 19 55</u> | | | |
| 5. SEX: <u>Female</u> | | 6. COLOR OR RACE: <u>White</u> | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u> | | 8. DATE OF BIRTH: <u>August 14-1866</u> | |
| 9. AGE last birthday: <u>88</u> yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Household</u> | | 11. BIRTHPLACE (State or foreign country): <u>Talbot Co Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME: <u>Luther Dyott</u> | | | | 14. MOTHER'S MAIDEN NAME: <u>Sarah Elizabeth Osborn</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY No.: <u>none</u> | | 17. INFORMANT & ADDRESS: <u>Nellie Meredith, Centerville Md</u> | | | |
| 18. MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>421.4 Chronic Valvular disease of the heart</u> | | | | | | | |
| Immediate cause (a) DUE TO <u>Failure of the heart</u> | | | | | | | |
| Antecedent cause(s) (b) DUE TO <u>Failure of the heart</u> | | | | | | | |
| Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION: <u>0</u> | | | | 19b. MAJOR FINDINGS OF OPERATION: | | | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| 21. ACCIDENT (Specify) | | PLACE (Home, farm, factory, street, OF office bldg., etc.) | | (CITY OR TOWN) | | (COUNTY) (STATE) | |
| SUICIDE | | INJURY | | | | | |
| HOMICIDE | | | | | | | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>5/17</u> , 19 <u>55</u> , to <u>5/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/17</u> , 19 <u>55</u> , and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <u>A. S. Mathuram M.D.</u> | | | | DATE SIGNED <u>6/20/55</u> | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify): <u>buried</u> | | DATE THEREOF <u>May 12-55</u> | | NAME OF CEMETERY OR CREMATORY <u>Centerville</u> | | LOCATION (City, town, or county) (State) <u>Centerville Maryland</u> | |
| DATE REC'D BY LOCAL REG. <u>5-26-55</u> | | REGISTRAR'S SIGNATURE <u>Glenn Armstrong</u> | | 24. FUNERAL DIRECTOR <u>Barton Bros. Centerville Maryland</u> | | | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1955

RECEIVED

4957

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH - COUNTY <u>Queen Anne</u> | | 2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY <u>Queen Anne</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u> | | STREET ADDRESS (If rural, give location) <u>None</u> | |
| 3. NAME OF DECEASED (First) <u>Andrew</u> (Middle) <u>Memphert</u> (Last) <u>Memphert</u> | | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>26</u> (Year) <u>1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 19, 1906</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 9. AGE last birthday <u>89</u> yrs. If under 1 year Months Days Hours Mins |
| 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13. FATHER'S NAME <u>Unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY No. <u>None</u> | |
| 17. INFORMANT AND ADDRESS <u>Frank Beverica - Maryland MD</u> | | | |
| 18. MEDICAL CERTIFICATION | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| 420.1 Immediate cause (a) <u>Found dead in bed - From history</u> | | | |
| Antecedent cause(s) (b) <u>evidently Coronary Occlusion</u> | | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION <u>8</u> | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . | | | |
| SIGNATURE <u>W. Henry Fisher M.D.</u> | | ADDRESS <u>Centreville MD</u> | |
| DATE SIGNED <u>5/26/56</u> | | | |
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | DATE THEREOF <u>5/28/55</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Templeville</u> | | LOCATION (City, town, or county) (State) <u>Templeville, Md.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/28/55</u> | | REGISTERAR'S SIGNATURE <u>Edgar A. Adney</u> | |
| FUNERAL DIRECTOR <u>J. E. Boulsis</u> | | ADDRESS <u>Greensboro, Md.</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04960

CERTIFICATE OF DEATH

Reg. Dist. No. 251...

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY <u>Queen Anne's</u> MARYLAND | | STATE <u>md</u> COUNTY <u>Queen Anne's</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Sudlersville</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Sudlersville</u> X | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u> | | STREET ADDRESS (If rural give location) <u>1</u> | |
| 3. NAME OF DECEASED: | | 4. DATE OF DEATH: | |
| (First) (Middle) (Last) <u>GEORGE H TILLER</u> | | (Month) (Day) (Year) <u>May 21 1955</u> | |
| 5. SEX: <u>male</u> | | 6. COLOR OR RACE: <u>Colored</u> | |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u> | | 8. DATE OF BIRTH: <u>Jan 27 1892</u> | |
| 9. AGE last birthday <u>62</u> yrs. | | 10. BIRTHPLACE (State or foreign country): <u>md</u> | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>usa</u> | |
| 13. FATHER'S NAME: <u>unknown</u> | | 14. MOTHER'S MAIDEN NAME: <u>Katie Martin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>9</u> | | 16. SOCIAL SECURITY NO. <u>213-03-0116</u> | |
| 17. INFORMANT & ADDRESS: <u>Mary Jane Tiller Sudlersville</u> | | | |
| 18. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 9 months | |
| IMMEDIATE CAUSE (A) <u>Dysonephritis</u> | | | |
| ANTECEDENT CAUSE (S) (B) <u>Carcinoma of the prostate</u> | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: <u>0</u> | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21C. WHERE DID (City or town) (County) (State) | | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Aug 31</u> , 19 <u>54</u> , to <u>May 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 21</u> , 19 <u>55</u> , and that death occurred at <u>3</u> P.M., from the causes and on the date stated above. | | | |
| SIGNATURE <u>Edgar L. Kane</u> | | ADDRESS <u>Wilmington</u> DATE SIGNED <u>May 23, 55</u> | |
| M. D. | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> | | DATE THEREOF <u>May 25 1955</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cem.</u> | | LOCATION (City, town, or county) (State) <u>Pondtown md</u> | |
| DATE REC'D BY LOCAL REGISTRAR <u>5-24</u> | | REGISTRAR'S SIGNATURE <u>Edgar L. Kane</u> | |
| 24. GENERAL DIRECTOR | | ADDRESS <u>Edward Vellour Wilmington md</u> | |

BUREAU V. S.

JUN 7 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

04961

4959

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH- COUNTY <u>Queen Anne</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Queen Anne</u> | |
| CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Centreville</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Helen</u> | (Middle) <u>Elsie</u> | (Last) <u>Walker</u> |
| 4. DATE OF DEATH | (Month) <u>May</u> | (Day) <u>28</u> | (Year) <u>1955</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 2, 1900</u> |
| 9. AGE last birthday <u>55</u> yrs. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | 13. FATHER'S NAME <u>Jeremiah Clark</u> | 14. MOTHER'S MAIDEN NAME <u>Catherine Thomas</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | 16. SOCIAL SECURITY No. <u>2-18-30-2276</u> | 17. INFORMANT AND ADDRESS <u>Niece - Lolita Comegys</u> | |
| 18. MEDICAL CERTIFICATION | | | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| (a) <u>Immediate cause</u> <u>Carcinomatosis</u> | | | <u>One yr.</u> |
| (b) <u>Antecedent cause(s)</u> <u>Cystadenocarcinoma of ovary</u> | | | <u>1 1/2 yrs.</u> |
| (c) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u> | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT (Specify) | PLACE (Home, farm, factory, street, OF office hldg., etc.) | (CITY OR TOWN) | (COUNTY) (STATE) |
| SUICIDE HOMICIDE | INJURY | | |
| TIME (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | |
| OF INJURY | m. | | |
| 22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>53</u> , to <u>May 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>55</u> , and that death occurred at <u>2:20 P</u> m., from the causes and on the date stated above. | | | |
| SIGNATURE <u>G. Wm. Martin, Jr. MD</u> | | ADDRESS <u>Queentown, Md.</u> | |
| DATE SIGNED <u>5/28/55</u> | | | |
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>May 31-55</u> | <u>Stevensville</u> | <u>Stevensville Maryland</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS | |
| <u>May 31-55</u> | <u>Oliver Crombrough</u> | <u>Barton Bros Centreville Maryland</u> | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1955

RECEIVED

04962

CERTIFICATE OF DEATH

Reg. Dist. No. 251...

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY <u>Queen Anne</u> | MARYLAND | STATE <u>Maryland</u> | COUNTY <u>Queen Anne</u> |
| CITY (If outside corporate limits, write RURAL or give nearest town) | LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | |
| <u>Barclay</u> | <u>71 yrs.</u> | <u>Barclay</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural give location) | |
| <u>None</u> | | <u>None</u> | |
| 3. NAME OF DECEASED: (First) (Middle) (Last) | | 4. DATE (Month) (Day) (Year) OF DEATH: | |
| <u>Louis H. WATKINS</u> | | <u>5 8 1955</u> | |
| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, or SEPARATED: | 8. DATE OF BIRTH: |
| <u>Male</u> | <u>Col.</u> | <u>Married</u> | <u>7/30/1883</u> |
| 9. AGE last birthday | IF UNDER 1 YEAR | IF UNDER 24 HRS. | |
| <u>71</u> yrs. | Months | Days | Hours |
| | | | Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): |
| <u>Brick mason</u> | | <u>None</u> | <u>Maryland</u> |
| 13. FATHER'S NAME: | | 12. CITIZEN OF WHAT COUNTRY? | |
| <u>Albert Watkins</u> | | <u>U.S.A.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | | 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: |
| <u>No</u> | | <u>220-26-2180</u> | <u>Ada Watkins Wil. Del.</u> |
| 18. MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| IMMEDIATE CAUSE (A) DUE TO | | | |
| <u>180X Neoplasm R. Kidney</u> | | | <u>4 yrs</u> |
| ANTECEDENT CAUSE (S) (B) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | | |
| (C) DUE TO | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19A. DATE OF OPERATION: | | 19B. MAJOR FINDINGS OF OPERATION | |
| <u>0</u> | | <u></u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) INJURY OCCUR? | (County) (State) |
| | | <u>INJURY OCCUR?</u> | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? | |
| | | | |
| 22. I hereby certify that I attended the deceased from <u>May 9, 1954</u> , to <u>Jan 17, 1955</u> ; that I last saw the deceased alive on <u>May 8, 1955</u> , and that death occurred at <u>11:30</u> AM, from the causes and on the date stated above. | | | |
| SIGNATURE | | ADDRESS | DATE SIGNED |
| <u>J. H. Haniell</u> | | <u>Mullingtown Md</u> | <u>5/9/55</u> |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>BURIAL</u> | <u>5/11/55</u> | <u>Mt. Zion</u> | <u>Near Maryland, Md.</u> |
| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>5/9/55</u> | <u>Edgar L. Lane</u> | <u>J. E. Boulaie</u> | <u>Greensboro, Md.</u> |

MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 16 1955

BUREAU V. S.